

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10-578253						
							APPLICANT(S)						
<b>CLAIMS</b>													
	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>			<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	5												
TOTAL CLAIMS	48												